

Requested Disposal Facility: 5113 McCarty Road LF TX					Waste Profile #			
Saveable fill-in form. Restricted printing until all required (yellow) fields are completed.								
I. Generator Information			Sales Rep #:					
Generator Name: US EPA R	egion 6-CES Env	vironmental						
Generator Site Address: 49	904 Griggs Road							
City: Houston	County:	County:		exas		Zip: 77021		
State ID/Reg No:	State Approval/Waste Code:		(if applicable)			NAICS #:		
Generator Mailing Address (if	different): ✓ 144	15 Ross Ave, Suite	1200					
City: Dallas	County: Dal	las	State: Texas		Zip: 75202			
Generator Contact Name: Be	e: Beth Crawford		Email: beth.craw		beth.craw	ford@cbifederalservice:		
Phone Number: (419) 429-55	Phone Number: (419) 429-5519 Ext:		Fax Number:					
II. Billing Information								
Bill To: CB&I			Contact Name: Beth Crawford					
Billing Address: PO Box 98519		Email:						
City: Baton Rouge	State: LA		Zip: 70884 Pho		Phone:	Phone: (419) 429-5519		
Name of Waste: Non-Hazard Process Generating Waste: US EPA Region 6 is overseein the facility went bankrupt a Tra assist with the clean up proce	ng the clean up oustee was brough	f CES Environmenta nt in to oversee ship	ping wast	e off-site.	USEPA ha	as since stepped in to		
Type of Waste:		INDUSTRIAL PROCESS WASTE POLLUTION CONTROL				L WASTE		
Physical State:	= =	SOLID SEMI-SOLID POWDER LIQUID						
Method of Shipment: ✓ BULK □ DRUM □ BAGGED □ OTHER:								
Estimated Annual Volume: 75,000 Gallons								
Frequency:	✓ ONE TIME ☐ ONGOING							
Disposal Consideration:	LANDFILL [✓ SOLIDIFICATION	и Шві	OREMEDI	ATION			
Sample Date: 09/25/2014 Sample ID Numbers: STank5 (collected to prepa J.S. EPA 40 CFR BITE SAMPLE [re this profile and la	boratory as or equiv	alent rules	5?	✓ YES or ☐NO J-123 and OT-2		

			Waste Profile #					
\/ Dhysics	al Characteristics of	Wasto						
V. Physica Characteristic	Il Characteristics of		% by Weight (range)					
1. Water/Oil	Оотпропента		80-90					
2. Sediment/Slu	dge	10-20						
3.								
4 . 5 .								
Color	Odor (describe)	Does Waste Contain Free Liquids? % Solids pH:			Flash Point			
Varies	Phenolic Odor	✓ YES or NO	0-30	5-10	>200 °F			
Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile								
Does this waste Herbicides: Chlo 2,4,5-TP Silvex a	☐Yes or No							
Does this waste ppm)[reference 4	☐Yes or ☑No							
Does this waste Part 761?	☐Yes or ☑No							
Does this waste including RCRA	☐Yes or ☑ No							
Does this waste	☐Yes or INo							
Does this waste other dioxin as d	☐Yes or ☑No							
Is this a regulate	☐Yes or ✓No							
Is this a regulate	☐Yes or ☑No							
Is this waste a re	☐Yes or ☑No							
Does the waste	☐Yes or ✓No							
Is this waste gen	✓ Yes or No							
Is this waste from a TSD facility, TSD like facility or consolidator?								
I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.								
I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc.								
Gary Moore, On-Scene Coordinator			US EPA Region 6					
Authorized Representative Name And Title (Type or Print)				Company Nar	me			
Authorized Representative Signature				Date				